

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) DEPT OF CONSERVATION (MIDDLE)  
Loverne Rich DEPT OF CONSERVATION  
RICHARD L. LOVERNE

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Natural Resources Agency

Division, Board, Department, District, if applicable

Your Position

DOGGR, DOC

Associate Oil & Gas Engineer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Annual: The period covered is January 1, 2017, through December 31, 2017.

Leaving Office: Date Left \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , through December 31, 2017.

The period covered is January 1, 2017, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The period covered is \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , through the date of leaving office.

Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

5816 Corporate Avenue, suite 100

Cypress

CA

90630

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

( 714 ) 816-6883

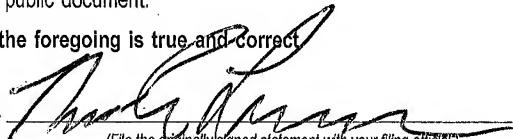
rloverne@conservation.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/30/2018  
(month, day, year)

Signature

  
(File the originally signed statement with your filing officer.)